

No. A 21

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of Baltimore.

Permit No. A 21 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Peacker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years, — Months, — Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 248 Danvers ally

Cause of Death, { First (Primary), Second (Immediate), } Phthis Pulmonal

Duration of Last Sickness, 7 mos
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 27th 1887

Undertaker, William Dungee M. D.

Place of Business, 150 East St Address, Graduate, Penn

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. *A 22*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 22*

Office of *Health Department* Statistics.

Ward *15th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 26 1887*

Full Name of Deceased, *Salmer H. Bode*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or *Female*, *Male*
{ Cross out the word not required in this line. }

Age, *39* Years, *4* Months, *2* Days

Color, *White*

Married, *Single*, *Widow* or *Widower*, *Single*
{ Cross out the words not required in this line. }

Occupation, *Pharmacist*

Birth Place, *Baltimore Co*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *29 years*

Place of Death, *740 Light St*
{ Give Street and Number. }

Cause of Death, *Cerebral Apoplexy*
Compassion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *One Hour*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *May 29th 1887*

Undertaker, *Amos H. Bode* & *H. N. Hebb* Medical Attendant, *S*

Place of Business, *715 Light St* Address, *307 Warren St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 23 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26, 1887

Full Name of Deceased, Marietta B. Scrubb

Sex, Male or Female, Male

Age, 44 Years, Months, Days.

Color, white

Married, Single, Widow or Widower

Occupation,

Birth Place, London Co., Va

Duration of Residence in the City of Baltimore, 8 years

Place of Death, 615 N. Carrollton Ave

Cause of Death, Consumption of the lungs.
Asthma

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, London Co., Va

Date of Burial, May 28th / 87

Undertaker, Denny & Mitchell John T. King M. D.

Place of Business, 201 N. Fayette Address, 640 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. *A 24* Office of Registrar of Vital Statistics.

Ward *2*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A HEALTH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 26 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Unknown*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *About 45* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Unknown*

Occupation, *Sufficed to a Sailor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Unknown*

Place of Death, { Give Street and Number. } *In the water off Commercial Wharf*

Cause of Death, { First (Primary), Second (Immediate), } *Accidental Drowning*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub. Cemetery*

Date of Burial, *May 27 1887*

{ Undertaker, *Geo. Pinchault* } *John R. M. D.*

{ Place of Business, *Health Dept* Address, *400 W. 10th* } *Worner*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. *A 25*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. *A 25*

Office of Registrar of Vital Statistics.

Ward *7*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

38 Years,*2* Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Drayman

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Ireland*Duration of Residence in the City of Baltimore, *17* years.

Place of Death, { Give Street and Number. }

Hebrew Hospital

Cause of Death, { First (Primary), Second (Immediate), }

*Cyphoid fever**Intestinal hemorrhage*

Duration of Last Sickness,

Once, (1) 20th

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*Date of Burial, *May 28th*{ Undertaker, *Geo Schilling* }*J. W. Blum M.D.*

Medical Attendant.

{ Place of Business, *Island Square* }*Port Harlow Street*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for sale to the CM
 No. 428
 The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

A Health Department, City of Baltimore.
 Permit No. 26 Office of Registrar of Vital Statistics. Ward 9 ¹/₄

The Physician who attended any person in a last illness, or who is present at the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23 - 1887.
 Full Name of Deceased, Robert Patterson
 Sex, Male or Female, Male
 Age, 50 Years, Months, Days.
 Color, Wht.
 Married, Single, Widow or Widower, Single
 Occupation, Florist
 Birth Place, Scotland
 Duration of Residence in the City of Baltimore, 37 years
 Place of Death, Q' Donnell's wife
 Cause of Death, Drowning (accidental)
 Duration of Last Sickness, 3 - 5 minutes
 All the above information should be furnished by the Physician.
 Place of Burial, Govenstown Baltimore Co Md
 Date of Burial, May 27th 1887
 Undertaker, Henry K. Mears
 Place of Business, #413 E. Fayette St Address, Alexander Hill, M. D.
 Medical Attendant, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
 SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
 [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 27

Office of Registration & Statistics

Ward 6^a

The Physician who attended any person in a last illness, who is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, May 26th 1887
Full Name of Deceased, Charles Eggleston
Sex, Male ~~or Female~~, Male
Age, 68 Years, 5 Months, 7 Days
Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Single
Occupation, Steam Engineer
Birth Place, Baltimore
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 626 N. Chestnut St.
Cause of Death, Suffered to be Rheumatism
Heart Trouble (Calculus)
Duration of Last Sickness, few minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.
Date of Burial, May 28 1887
Undertaker, John Herwig M. D.
Place of Business, 2008 Orleans St. Address, 1003 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
 Permit No. A 28 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Uttenreiter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 2005 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Dentition
Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Hyacinthus Cem

Date of Burial, May 28 1887

{ Undertaker, John Herwig J. H. Hollenberg M. D.
 { Place of Business, 2008 Orleans St Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 29

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, with *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Hogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, _____ Months, ✓ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Scrubwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 68 Hillman St.

Cause of death, { First, (Primary), Second, (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem.

Date of Burial, May 29th 1884

Undertaker, G. J. Frank

Place of Business, York & Wolfe St.

Dr. B. H. Boyle M. D.,
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

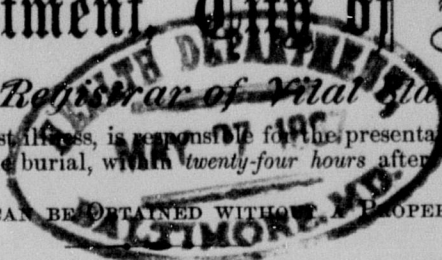
Permit No. A 30

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 26th 1887

Full Name of Deceased, John Theobald
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 3 Years, 8 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, # 2234 Canton Ave
{ Give Street and Number. }

Cause of Death, Spasms
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, None

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 27th 1887

{ Undertaker, G. Francis } M. D. [Signature]
Medical Attendant.

{ Place of Business, 2 Park & Wolf } Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]